

County of Portland  
Township of Beauregard  
or  
Inc. Town of.....  
or  
City of .....

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

22637

Registered No.....  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward .....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Mathew If child is not yet named, make supplemental report as directed

(2) SEX OR GENDER Boy (3) Title or Position ✓ (4) Number in order of birth One (5) Age 22 (6) DATE OF BIRTH July 2, 1973  
(Name of Month) (Day) (Year)

## FATHER

Not Known

9 PRESENT  
POSTOFFICE  
OF FATHER

(10) COLON  
ON

## 15. Birthplace

## 10. OBSERVATION

(11) AGE AT LAST BIRTHDAY

**1990**

20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(2) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature)

(24) State whether Character is Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(b) Whereas

(Signature of Witness necessary only  
when question 22 is signed by mark)

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(20).....

.....  
**East. Division**

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.